

Table S1. Questions regarding subject's history of positive pap smears, colposcopy with punch biopsy, and excisional surgery for treatment of CI, Iowa Health in Pregnancy Study, Iowa City, IA, 2002-2005

1. Have you ever had a pap smear?
2. Have you ever been told that you had an abnormal pap smear?
3. If your health care provider suspects a problem with a pap smear, they may do a special procedure called a colposcopy. That's a procedure that uses a type of microscope to look at your cervix. Have you ever had a colposcopy?
 - a. How many colposcopies have you had?
 1. Can you tell me the month and year that this colposcopy occurred?
 - b. What is the name of the doctor (or other health care provider) who did the procedure?
 - c. What is the name and city/state of the clinic or facility at which this doctor (or other health care professional) is located?
4. Have you ever had any procedure to remove abnormal, precancerous, or cancerous tissue from your cervix?
5. Which of the following procedures have you had to remove abnormal tissue from your cervix:
 - a. Cone biopsy with a laser or scalpel
 - b. LEEP or LLETZ
 - c. Laser Vaporization or ablation
 - d. Cryosurgery or cryocauterization
 - e. Other
 - f. None of these procedures
6. How many cone biopsies have you had?
 - a. Can you tell me the month and year this biopsy occurred?
 - b. Was this biopsy done with a laser or scalpel?
 - c. What was the name of the doctor (or other health care provider) who did this procedure?
 - d. What was the name and city/state of the clinic or facility at which this doctor (or other healthcare professional) is located?
7. How many LEEP/LLETZ procedures have you had?
 - a. Can you tell me the month and year this procedure occurred?
 - b. What was the name of the doctor (or other health care provider) who did this procedure?
 - c. What was the name and city/state of the clinic or facility at which this doctor (or other healthcare professional) is located?
8. How many laser vaporizations or ablation procedures have you had?
 - a. Can you tell me the month and year this procedure occurred?
 - b. What was the name of the doctor (or other health care provider) who did this procedure?
 - c. What was the name and city/state of the clinic or facility at which this doctor (or other healthcare professional) is located?
9. How many cryosurgery/cryocauterization procedures have you had?

- a. Can you tell me the month and year this procedure occurred?
- b. What was the name of the doctor (or other health care provider) who did this procedure?
- c. What was the name and city/state of the clinic or facility at which this doctor (or other healthcare professional) is located?

10. How many "other" procedures have you had?

- a. Can you tell me the month and year this procedure occurred?
 - b. What was the name of the doctor (or other health care provider) who did this procedure?
 - c. What was the name and city/state of the clinic or facility at which this doctor (or other healthcare professional) is located?
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